

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030966

3973

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED AUG 20 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF John K. Caldwell, M.D.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 50 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6615 Cherry Street		d. STREET ADDRESS (If outside, give location) 6615 Cherry Street	
3. NAME OF DECEASED (Type or print) First FRANK Middle MERRILL Last EVISTON		4. DATE OF DEATH Month July Day 31 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/86
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months 5 Days 0	
11. IF UNDER 24 HR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Administrative Assistant		10b. KIND OF BUSINESS OR INDUSTRY Coal Company	
11. BIRTHPLACE (City and state or country) Beru, Indiana		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Eviston		13b. MOTHER'S MAIDEN NAME Minerva Burnett	
14. NAME OF HUSBAND OR WIFE Eleanor Eviston		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Ea Eleanor Eviston, 6615 Cherry St.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Prostate And Abdominal metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) July 1, 1957 to July 31, 1962		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	
21. I attended the deceased from July 1, 1957 to July 31, 1962 and last saw him alive on July 31, 1962 Death occurred at 3 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) John K. Caldwell M.D.	
22b. ADDRESS 306 E 12 St		22c. DATE SIGNED 8/1/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE Aug. 2, 1962	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey		23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 8-2-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4917

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.